| UNITED STATES B. FOR THE DISTRIC | | | | . , |
|--|----------------------------------|-------------|-------------------|------------|
| In re: | | : | | |
| Debto | r(s) | : | BK No. Chapter | |
| PE | TITION FOR PAY | MENT OF UNC | LAIMED FUNDS | |
| NOW APPEAR | s (petitioner) | | | , of |
| (address) | | | | and states |
| that on (date)_ | | , (name) | | |
| became entitl | ed to receive | \$ | as a di | stribution |
| in the above-en | titled case, a | nd now appe | ars on the rec | ords of |
| this Court as t | he owner of sa | id funds. ' | The amount req | uested is |
| being held in t | he Treasury of | the United | States as unc | laimed |
| funds. | | | | |
| Petitioner | represents th | at he/she/i | t is entitled | to receive |
| the requested f | unds based upo | n: (check t | he box(es) tha | t apply): |
| —————————————————————————————————————— | ioner is the O on the records | | | the owner |
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| and/or other identifying documents; or |
|---|
| () petitioner is named in a POWER OF ATTORNEY by (grantor), valid under the laws of the State of Rhode Island, that empowers petitioner to collect the unclaimed funds described above on behalf of the grantor: |
| () as the owner of the claim () as the owners attorney at law, with authorization to receive said funds () as the assignee of the owners claim to said funds () as the owners successor in interest, or () as the personal representative of the owners estate |
| Your petitioner submits with this petition the following |
| documents(s) as proof of the petitioner=s identity and status, |
| and the owner=s claim of entitlement: |
| [List all documents that are attached, e.g., power of attorney, formal assignment, letter of appointment, court order, etc.] |
| WHEREFORE, your petitioner submits to the personal |
| jurisdiction of this Court and requests that it enter an order |
| directing payment of the unclaimed funds described above to the |
| petitioner, or if petitioner is not the owner, to the petitioner |
| on behalf of the owner, in accordance with the documents |
| submitted in support of this petition. |
| The petitioner declares under penalty of perjury that the |
| foregoing is true and correct: |
| Name of Petitioner: |
| Signature of Petitioner: |

| Title: | | | |
|--------|---|--|---|
| | , | | _ |
| Date: | | | |

NOTICE OF RESPONSE TIME

Within twenty (20) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bankr. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Bankruptcy Court Clerk=s Office, 380 Westminster Mall, 6th Floor, Providence, RI 02903, (401) 528-4477. If no objection or other response is timely filed within the time allowed herein, the paper will be deemed unopposed and will be granted, unless: (1) the requested relief is forbidden by law; (2) the requested relief is against public policy; or (3) in the opinion of the Court, the interest of justice requires otherwise.

CERTIFICATE OF SERVICE

| The petitioner mailed a copy of this petition and all |
|--|
| attachments to the Office of the United States Attorney for the |
| District of Rhode Island, at Fleet Center, 8th Fl, 50 Kennedy Plaza, |
| Providence, RI 02903 on (date) |